Connecticut EMS Advisory Board Legislative Committee Report 01-09-2013
Proposed Legislative Initiatives 2013 Session
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Report to the Advisory Board:
The committee met on December 14, 2012 at Emergency Resource Management, Portland at 1300 hours. The following were in attendance: Bob Ziegler, Greg Allard, David Bailey, Michele Connelly, Jonathan Lillpopp, Judi Reynolds, Red McKeon.

Status of Legislative Initiatives
Items in committee discussion:

- Response in hazardous conditions
- Hospital diversion
- Background check for initial certification/licensure
- FMOP/Task Force/Strike Team reimbursement (language appended)

Reported to committee as actions taken at the December CEMSAB meeting: The following were endorsed by CEMSAB for movement in the General Assembly.

- Body armor restrictions eased for EMS personnel (language appended)
- Orderly transfer of Patient Care (language appended)
- Advisory Board Membership (language appended)
- Tax-free gas for ambulances, endorsed collaborative efforts with ACAP

The committee Chairperson will pursue the movement of these initiatives with the legislative public health committee chairpersons. The next meeting is scheduled for Wednesday, January 9, 2013 at 1300 hours at CHA, Wallingford.

Draft Proposal: FMOP/Task Force/Strike Team reimbursement (For CEMSAB endorsement)
Rev: December 12, 2012

Purpose: Emergency medical services (EMS) in Connecticut are divided into two categories: Licensed and certified EMS organizations. The Connecticut General Statutes direct the Commissioner of Public Health to establish rates for the conveyance of patients by licensed EMS organizations but, for certified EMS organizations, to establish rates only for emergency transportations. The result of this structure is that certified EMS organizations may transport patients for any reason but may only bill to recover the cost of emergency transports.

Certified EMS organizations represent 54% of the authorized ambulances in Connecticut. Present EMS planning for disasters and severe weather events relies heavily upon these certified EMS organizations to convey non-emergency patients and non-ambulatory persons. Examples have included transport of patients from a hospital being evacuated to nursing homes and other hospitals, from nursing homes being evacuated to other nursing homes and from residences without power or in evacuation areas to shelters.

	Region 1	Region 2	Region 3	Region 4	Region 5
# Certified EMS Organizations	13	19	32	47	42
# Licensed EMS Organizations	1	3	3	2	2
# Authorized Ambulances for Certified EMS Organizations	45	50	73	89	76
# Authorized Ambulances for Licensed EMS Organizations	11	160	53	31	30

The State Forward Movement of Patients Plan[1] has been developed by the Department of Public Health in cooperation with the Department of Safety and Public Protection's Division of Emergency Management and Homeland Security. This plan is designed to mobilize Connecticut emergency medical service assets to aid areas where local emergency medical services and ordinary mutual aid resources have been overwhelmed or exhausted. To be fully operationalized, this plan does still require additional detail concerning the authority for plan activation, the typing of resources, resource command and control and logistical considerations. It will also be critical for the plan to either distinguish between licensed and certified EMS organizations or to remove differences (those that are imposed by statute and regulation) between these two types of services when functioning within the Plan.

Given these facts and circumstances, the following is proposed for adoption within the Connecticut General Statutes.

Suggested language:

"The Commissioner of Public Health shall develop and implement a plan to mobilize Connecticut emergency medical service assets to aid areas where local emergency medical services and ordinary mutual aid resources have been overwhelmed or exhausted. This plan, at a minimum, will include a pathway for the request of resources, authority for plan activation, the typing of resources, resource command and control and logistical considerations. When functioning as part of this plan, emergency rates previously established by the Commissioner of Public Health for a certified emergency medical service organization, shall also apply for the conveyance of patients by that service when authorized by the Commissioner to meet the temporary transportation needs of a specified event. Each such authorization shall be limited to not more than seven (7) days, except that the Commissioner may reissue any such authorization at the expiration of the previous authorization."

[1] http://www.ct.gov/dph/lib/dph/ems/pdf/state_fmop_plan_v_3_0_0208_web.pdf

Draft Proposal: Sale of body armor to EMS Personnel (CEMSAB endorsed: 12/12/12)

Rev: November 16, 2012

Purpose: Emergency Medical Service (EMS) personnel work in difficult and oftentimes unsafe environments. One 2002 study indicated that physical violence against EMS workers occurs on 4.5% of their responses[2]. Nationally, cases continue to occur where EMS workers are shot while attempting to care for the sick and injured[3456]. The Connecticut Legislature took notice of the very real problem of violence against EMS workers when, in 1990 it revised C.G.S. §53a-167c to classify assaults against emergency medical personnel as class C felonies. While this legal protection may act as a deterrent in some cases of simple assault, it does little to additionally deter individuals from assaulting an EMS worker with a deadly weapon. EMS workers in many locations continue to have concerns that they will make it home alive. Consequently, many have chosen to wear body armor to mitigate the risks of violence against their person.

The "in person" sale of body armor requirement of C.G.S. §53-341b creates an undue barrier to the legitimate acquisition of this protective equipment by EMS personnel in that it effectively prohibits online sales of body armor to Connecticut EMS workers and organizations. The number of brick and mortar sellers of body armor in Connecticut is limited. Online vendors are numerous, are easily accessible, have a broader selection of products and may have more competitive pricing that allows EMS workers on modest salaries and employers on tight budgets to more readily afford this equipment.

EMS personnel are already required to report any criminal convictions in order to obtain licensure or certification. The Connecticut Department of Public Health then reviews these records to determine that the applicant does not pose an undue risk to public health or welfare. This vetting provides a greater safeguard to public safety than the in person sale provision of this statute. Most EMS employers additionally perform pre-employment background screening on all employees.

For these reasons, it is proposed that C.G.S. §53-341b should be amended as follows:

Sec. 53-341b. Sale or delivery of body armor restricted. (a) No person, firm or corporation shall sell or deliver body armor to another person unless the transferee meets in person with the transferor to accomplish the sale or delivery.

(b) The provisions of subsection (a) of this section shall not apply to the sale or delivery of body armor to (1) a sworn member or authorized official of an organized local police department, the Division of State Police within the Department of Public Safety, the Division of Criminal Justice, the Department

[2] Prehosp Emerg Care. 2002 Apr-Jun;6(2):186-90
[3] http://www.emsvillage.com/articles/article.cfm?id=2195
[4] http://www.emsworld.com/news/10336232/florida-emt-shot-suspect-escapes
[5] http://gothamist.com/2011/03/03/li_gunman_who_shot_emt_had_weapons.php#photo-1
[6] http://www.ems1.com/ambulances-emergency-vehicles/articles/1340304-Ambulance-shot-at-while-transporting-stabbing-victim/

of Correction or the Board of Pardons and Paroles, (2) an authorized official of a municipality or the Department of Administrative Services that purchases body armor on behalf of an organized local police department, the Division of State Police within the Department of Public Safety, the Division of Criminal Justice, the Department of Correction or the Board of Pardons and Paroles, (3) an authorized official of the Judicial Branch who purchases body armor on behalf of a probation officer, **[**~~or~~**]** (4) a member of the National Guard or the armed forces reserve, (5) an individual emergency medical service provider actively certified or licensed by the Connecticut Department of Public Health, or (6) an authorized official of an emergency medical service organization actively certified or licensed by the Connecticut Department of Public Health who purchases body armor on behalf of a currently certified or licensed individual emergency medical service provider.

(c) As used in this section, "body armor" means any material designed to be worn on the body and to provide bullet penetration resistance.

(d) Any person, firm or corporation that violates the provisions of this section shall be guilty of a class B misdemeanor.

(P.A. 98-127, S. 2; June Sp. Sess. P.A. 05-3, S. 82; P.A. 06-119, S. 2.)

History: June Sp. Sess. P.A. 05-3 amended Subsec. (b) to exempt a sale or delivery of body armor to a sworn member or authorized official of the Division of Criminal Justice, to an authorized official of a municipality or the Department of Administrative Services who purchases body armor on behalf of the Division of Criminal Justice or to an authorized official of the judicial branch who purchases body armor on behalf of a probation officer, and to make technical changes, effective July 1, 2005; P.A. 06-119 amended Subsec. (b) to insert Subdiv. designators, exempt in Subdiv. (1) the sale or delivery of body armor to a sworn member or authorized official of Department of Correction or Board of Pardons and Paroles and exempt in Subdiv. (2) the sale or delivery of body armor to an authorized official of Department of Administrative Services that purchases body armor on behalf of Department of Correction or Board of Pardons and Paroles, effective July 1, 2006.

Proposal: Orderly Transfer of Patient Care (CEMSAB endorsed: 11/14/12)

Rev: 10-11-12

Purpose: The issue of who is in charge of pre-hospital patient care continues to be an ongoing problem for EMS. While providers in most jurisdictions work collaboratively, many continue to experience conflicts regarding authority and patient care. These conflicts occur both on scene and subsequent to calls. Reports persist of first response agencies barring transport ambulance crews and paramedics from approaching patients until the first responders have completed their assessments. Other times, response agencies have allegedly prevented EMS providers from accessing patients entrapped in vehicles or other situations despite the EMS providers having received hazard-specific training and wearing appropriate personal protective equipment. Services operating at the emergency technician level have reportedly contradicted paramedic decisions and direction regarding patient destination and/or transport method. Examples include conflict over whether to transport lights and siren, whether to cancel aeromedical transport services in favor of ground transport, and which hospital to transport a given patient to. While the scale of the problem is not easily quantified, the number of anecdotal accounts suggests that it is significant.

The Connecticut General Statutes § 7-313e is most frequently cited in discussions regarding where authority rests regarding EMS scene control. In 1996, the Connecticut Department of Public Health Office of EMS (OEMS) Section issued guidance regarding authority at the scene EMS incidents. The OEMS opined that C.G.S. § 7-313e grants fire department personnel scene management authority but that the statutes are silent regarding patient management authority. The OEMS further stated that patient management authority rests with certified EMS responders and that an orderly transfer of patient care should occur. While this letter appears reasonable, it has little or no regulatory or statutory authority supporting it and has not resolved the issues previously described.

The following legislative proposal is intended to improve the pre-hospital medical care that patients in Connecticut receive. This proposal provides clear lines of responsibility on EMS scenes that will reduce conflict and confusion, resulting in more timely and appropriate delivery of medical care and transportation. There will be times when it is not appropriate for EMS personnel to enter a scene or access patients due to safety concerns. The proposed language does not affect the authority granted by C.G.S. § 7-313e regarding overall scene management and scene safety, but would simply clarify roles regarding EMS patient care authority.

Suggested language:

New: No person shall hinder or interfere with an emergency medical service provider, when acting within the EMS system, in his or her efforts to provide medical assessment, treatment or transportation, provided that such activity does not pose an undue risk to the emergency medical service provider or other persons.

When multiple emergency medical service providers are present and available to provide necessary prehospital medical assessment and care, the provider authorized to practice at the highest level of state emergency medical service licensure or certification pursuant to section 19a-179d and section 20-206 shall be responsible for patient care decision-making. In cases where the highest level of emergency medical service licensure or certification is held equally by providers from multiple emergency medical service organizations, providers from the organization holding the primary service area responder assignment for that level shall be responsible for patient care decisions. In cases where all providers are functioning at the emergency medical technician or emergency medical responder level, the transporting emergency medical service shall be responsible for patient care decisions. When an EMS provider to whom patient care responsibility will fall upon arrives on scene, EMS providers presently on scene will transfer patient care to this provider in a timely and orderly manner.

Proposal: Advisory Board Membership Change (CEMSAB endorsed: 11/14/12)

Rev: 10-11-12

Purpose: The CT EMS Advisory would like to address membership issues that have been noted to be a problem that would best be resolved through an amendment to the Connecticut General Statutes 19-178a. We have outlined our concerns and provided suggested language below.

There has been a significant problem with the Regional EMS Council Presidents obtaining their appointment to the Board in a reasonable, timely manner. It is our understanding that it was the legislative intent to have the Council Presidents appointed although the language is somewhat vague. We would like the language in 19a-178a(b) to be amended to have the Council Presidents' appointments be automatic, similar to the automatic appointment of the Commissioner.

There has been a significant issue with individuals who get appointed to the Advisory Board and then do not attend and participate in the meetings. An organization such as the Advisory Board can only do its job if the membership makes a reasonable effort to attend the meetings and contribute to the achievement of the mission. We are seeking the ability to have inactive members automatically removed. We suggest that the Advisory Board Chairperson be empowered to send a letter to a member and appointing authority if a member has missed 75% of the meetings in a given calendar year which will in the removal of the member from the Board. We also suggest that the process for removal be required as part of the Advisory Board By-laws.

Suggested language:

(b) The advisory board shall consist of members appointed in accordance with the provisions of this subsection and shall include the Commissioner of Public Health and the department's emergency medical services medical director, or their designees, and each president of the five regional emergency medical service councils established pursuant to section 19a-183. The Governor shall appoint the following members: [~~One person from each of the regional emergency medical services councils; one~~] One person from the Connecticut Association of Directors of Health; three persons from the Connecticut College of Emergency Physicians; one person from the Connecticut Committee on Trauma of the American College of Surgeons; one person from the Connecticut Medical Advisory Committee; one person from the Emergency Department Nurses Association; one person from the Connecticut Association of Emergency Medical Services Instructors; one person from the Connecticut Hospital Association; two persons representing commercial ambulance providers; one person from the Connecticut Firefighters Association; one person from the Connecticut Fire Chiefs Association; one person from the Connecticut Chiefs of Police Association; one person from the Connecticut State Police; and one person from the Connecticut Commission on Fire Prevention and Control. An additional eighteen members shall be appointed as follows: Three by the president pro tempore of the Senate; three by the majority leader of the Senate; four by the minority leader of the Senate; three by the speaker of the House of Representatives; two by the majority leader of the House of Representatives and three by the minority leader of the House of Representatives. The appointees shall include a person with experience in municipal ambulance services; a person with experience in for-profit ambulance services; three persons with experience in volunteer ambulance services; a paramedic; an emergency medical technician; an advanced emergency medical technician; three consumers and four persons from state-wide organizations with interests in emergency medical services as well as any other areas of expertise that may be deemed necessary for the proper functioning of the advisory board.

(NEW) (g) The advisory board shall establish by-laws which shall include minimum attendance requirements for members and a progressive process for the notification to members and their appointing authority that the minimum attendance has not been met. Advisory board members that continue not to meet the minimum attendance requirements shall be automatically removed from the board.